

TIME RECEIVED

October 10, 2014 7:16:46 PM PDT

OCT-10-2014(FRI) 18:47

REMOTE CSID

DURATION

45

PAGES

1

STATUS

Received

P.001/001

496 Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER Strong Orange County Neighborhoods Political Action Committee			Date of This Filing 10/10/2014	RECEIVED 496 INDEPENDENT EXPENDITURE REPORT Date Stamp 2014 OCT 13 AM 7:41 OFFICE OF THE CITY CLERK OF NEWPORT BEACH	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (916)442-7757	I.D. NUMBER (#applicable) 1367768		Report No. 244801-12		
STREET ADDRESS 455 Capitol Mall, Suite 600			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sacramento	STATE CA	ZIP CODE 95814	No. of Pages 1		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Measure Y				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD City of Newport Beach	DISTRICT NO.	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/10/2014	Campaign Literature and Mailings Cumulative to date total \$87259.79	11,055.68

Reason for Amendment: _____